

NEW JERSEY STATE POLICE-OEM
DOMESTIC PREPAREDNESS / HAZARDOUS MATERIALS
EMERGENCY RESPONSE PLANNING UNIT

**EMERGENCY DEPARTMENT OPERATIONS
HAZMAT / WEAPONS OF MASS DESTRUCTION HOSPITAL PROVIDER
TRAINING REQUEST FORM**

PRINT CLEARLY ALL REQUESTED INFORMATION! ONE FORM PER STUDENT!

PART 1

HOME INFORMATION

NAME: _____

JOB TITLE: _____ BUSINESS/PAGER: (_____) _____

MAILING ADDRESS: _____ HOME PHONE: (_____) _____

CITY/STATE/ZIP _____ SOCIAL SECURITY # _____

PART 2

WORK INFORMATION

TYPE OF AGENCY: _____ WORK PHONE: (_____) _____
(Hospital, EMS, Health Department, etc.)

WORK MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PART 3

INDICATE THE COURSE DATE

	<u>COURSE REQUESTED</u>	<u>DATE OF COURSE</u>	<u>LOCATION</u>
06061	EMERGENCY DEPARTMENT OPERATIONS HAZMAT / WMD HOSPITAL PROVIDER	_____	_____

SIGNATURE

DATE

MAIL OR FAX THIS FORM BACK TO STATE POLICE
HEADQUARTERS AT ADDRESS/NUMBER TO RIGHT>>>>

FOR INFO., CONTACT THE DP / HAZMAT UNIT @ 609-882-2000 x-6463

NJSP-OEM DP / HMERP UNIT
BOX 7068 RIVER RD.
WEST TRENTON, NJ 08628
FAX (609) 538-0345